



Bureau of TennCare Policy Manual

Policy No: BTC-Pol-Enc-200701-005	
Subject: Proper Reporting of Covered and Non-Covered Days	
Approval: Encounter Data Policy Workgroup	Date: 12/05/2008

PURPOSE OF POLICY STATEMENT: To clarify TennCare's position on the reporting of inpatient covered, non-covered and total days on the submission of claim transactions.

POLICY:

1. Covered Days and Non-Covered days (as applicable) are required data on all inpatient claims. Covered Days must balance to the Days (Units) reported, as referenced in the CMS-1450 guide FL46.

The following describes the Edifecs data validation edit related to this TennCare policy:

Edit E0034 - ITEM DAYS MUST EQUAL COVERED DAYS ON CLAIM - For Accommodation Revenue Code 0100 Through 0219, Item Days(2400/SV205) Must Equal Header Covered days(2300/QTY02 where 2300/QTY01=CA)
If the Item Days do not equal to Covered Days, the claim will error. The edit is limited to Accommodation Revenue codes of 0100-0219. The edit will set if the sum of the units billed on the claim lines for any of the above revenue codes is not equal to the covered days in the claim header. If the claim contains any revenue codes of 0100-0219, a QTY segment is required. Excludes denied claims with ARC 107.

2. The total of Covered Days and Non-Covered Days must balance to the Statement Covers Period for all inpatient 837I/UBXX claim transactions.

The following describes the Edifecs data validation edit related to this TennCare policy:

Edit E0037 - TOTAL DAYS BILLED INVALID – The Covered days + Non-covered days must equal the Statement to-date minus the Statement from-date (Statement Covers Period). A variance of 1 day plus or minus is allowed. Excludes denied claims with ARC 107.

Exceptions:

None

PROCEDURES:

Statement Covers Period (From-Through)

UB Form Locator 6

837I - 2300/DTP03 (DTP01=434)

Required. Report the beginning and ending dates of the period included on this bill in numeric fields (CCYYMMDD). Statement days must match total days, covered and non-covered.

Covered Days

837I - 2300/QTY02 (Covered: QTY01=CA)

Required for inpatient. Report the total number of covered days during the billing period. This should be the total of accommodation units reported in FL 46. It excludes any days classified as non-covered as defined in FL 8, leave of absence days, and the day of discharge or death.

Non-covered Days

837I - 2300/QTY02 (Non-cov: QTY01=NA)

Required for inpatient. Report the total number of non-covered days in the billing period. **NOTE:** Day of discharge or death is not counted as a non-covered day.

Units of Service

UB Form Locator 46

837I - 2400/SV205

Required. Report the number of covered days, visits, treatments, procedures, tests, etc., as applicable.

DEFINITIONS:

ARC – Adjustment Reason Code

CMS – Centers for Medicare & Medicaid Services.

EDI – Electronic Data Interchange

Edifecs - XEngine application used for healthcare 837 transaction, data validation, routing, splitting and acknowledgement generation

HIPAA – Health Insurance Portability and Accountability Act.

FL – Form Locator

TCMIS – TennCare Management Information System

UB04 – Uniform Billing (Version 2004)

TennCare or TennCare Program – The program administered by the single state agency, as designated by the state and CMS, pursuant to Title XIX of the Social Security Act and the Section 1115 research and demonstration waiver granted to the State of Tennessee and any successor programs.

REFERENCE DOCUMENTS:

TennCare HIPAA EDI Companion Guides <http://www.state.tn.us/tenncare/HIPAA/EDI.htm>

CMS Medicare Claims Processing Manuals Chapter 25 - Completing and Processing the Form, CMS-1450 (UB) Data Set

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division—to ensure that encounters are submitted to TennCare in the approved format
- Information Systems Management Contractor – to process encounters through the TCMIS system
- MCCs - to follow transaction requirements